

To: Lieutenant Governor McNally, Speaker Sexton  
From: Alli Williamson, Legislative Liaison  
Date: December 1, 2021  
**Subject: PC 483 Quarterly Update**

Pursuant to PC 483, TennCare would like to provide an update on Neonatal Abstinence Syndrome (NAS) initiatives, as well as an update on Medical Loss Ratio (MLR) as it relates to NAS and opioid use.

As previously presented, TennCare has shown a continued decrease in the incidence of NAS births. Updated data shows that the rate of NAS births per 1,000 live births decreased from 24.0 in 2018 to 20.0 in 2019 – equating to about a 16.7 percent decrease over the year period. Please note that the complete 2019 report will be available in late Quarter 4 of 2021.

- To reference the complete TennCare NAS report for CY2018, please visit the following link: <https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareNASData2018.pdf>.
- The Tennessee Department of Health's NAS Surveillance Summary for July 2021 can be found here: <https://www.tn.gov/content/dam/tn/health/documents/nas/July-2021-NAS-Monthly-Update.pdf>.

TennCare is continuing to prioritize initiatives that aim to improve the health of women and infants in 2021, especially for those impacted by opioid and substance use disorder. For example:

- TennCare continues to partner with Vanderbilt University Medical Center (VUMC) to implement the Maternal Opioid Misuse (MOM) Model Grant – which is now known as the Firefly Clinic at Vanderbilt. As of the end of November 2021, there are about 80 members enrolled in the Firefly Clinic. Tennessee was one of 10 states to be awarded the MOM Model Grant earlier this year, which is a \$5.3 million-dollar federal grant funded through the Centers of Medicare and Medicaid Services (CMS) to support mothers and infants impacted by the opioid epidemic. The grant is in partnership with VUMC and aims to provide more services and resources to aid women with opioid use disorder and children with NAS or opioid exposure.
- TennCare is also continuing to partner with sister agencies including the Department of Health and the Department of Mental Health and Substance Abuse Services. For example, all three agencies are engaged in a Learning Collaborative organized by the Association of State and Territorial Health Officials (ASTHO) to help improve addiction treatment and prevention for pregnant women and their infants.
- TennCare's Managed Care Organizations (MCOs) continue to engage women of childbearing age and pregnant women who may be at risk for chronic opioid use. Through the development and implementation of a predictive risk stratification analytic algorithm, the MCO population health programs are making great strides in effectively identifying clinical risk associated with opioid misuse and abuse and in response outreaching and engaging high risk members. The MCOs continue to outreach and engage with thousands of women of childbearing age in the TennCare program.
- TennCare and its MCOs are also continuing to work diligently to expand access to all forms of high-quality medication assisted treatment (MAT). In addition to coverage of methadone and naltrexone, TennCare is also ensuring members can receive access to comprehensive MAT through the Buprenorphine Enhanced Supportive Medication-Assisted Recovery and Treatment (BESMART) Program. TennCare's MCOs and Pharmacy Benefits Manager are committed to providing increased

support and resources to broaden access for TennCare members with opioid use disorder seeking addiction and recovery services. The network officially launched on January 1, 2019 and there are currently over 251 contracted, high-quality MAT providers that have partnered with at least one of TennCare's three MCOs. This provider group includes OBGYNs that are trained in delivering MAT to this high-risk population.

TennCare has also continued to support the implementation of a statewide quality improvement initiative in conjunction with the Tennessee Initiative for Perinatal Quality Control (TIPQC) to increase access to voluntary long-acting reversible contraceptives (LARCs) (e.g., intrauterine devices, implants) immediately after delivery.

Finally, TennCare is providing an update on MLR as it relates to NAS and opioid use. Below are MCO-level total MLRs and "opioid" MLRs. As outlined in the act, this data is "associated with neonatal abstinence syndrome and the use of opioids by women of childbearing age enrolled in the TennCare program." This data set is for September 2020-June 2021.

|            | <u>NAS/Opioids MLR</u> | <u>Total MLR</u> |
|------------|------------------------|------------------|
| Amerigroup | 335%                   | 85%              |
| BlueCare   | 405%                   | 91%              |
| United     | 416%                   | 89%              |
| TCS        | 1237%                  | 100%             |

As always, the Division of TennCare hopes you find this information useful, and please let us know if you have questions with this report or any previous reports.